

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT
APPLICATION WITH POWER OF ATTORNEY**ATTORNEY'S DOCKET
P33086First Named Inventor:
**Stanley George
BONNEY**Complete if known:
App No.:

Filing Date

Group Art Unit:

() Declaration submitted with initial filing or

() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MULTICOMPONENT PHARMACEUTICAL DOSAGE FORM ✓

the specification of which (check only one item below):

[] is attached hereto.

OR

[x] was filed on _____ as United States application Serial No. _____ or PCT International Application Number *PCT/GB03/03157 filed 24 July 2003 and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1. <u>0217336.7</u> ✓	GB	25 July 2002 ✓	X
2. <u>0302435.3</u> ✓	GB	03 February 2003 ✓	X
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1.	
2.	
3.	

BEST AVAILABLE COPY

10/5/158

**COMBINED DECLARATION FOR UTILITY or DESIGN
PATENT APPLICATION WITH POWER OF ATTORNEY** ContinuedATTORNEY'S DOCKET NUMBER
P33086

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

STATUS (Check one)

U.S. Parent Application or PCT Parent
NumberParent Filing Date
(MM/DD/YYYY)

PATENTED

PENDING

ABANDONED

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith
Customer Number 23347 and Customer Number 20462

Address all correspondence and telephone calls to Customer Number 20462

Direct Telephone Calls to:

Dara Dinner
610 270 5017

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

1-2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	BONNEY	Stanley	George	
0	INVENTOR'S SIGNATURE	Signature	Date:	25th January '04
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	WARE	HERTFORDSHIRE, GB	GB	
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	GlaxoSmithKline	King of Prussia	Pennsylvania 19406, US	
	709 Swedeland Road			
2-20	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	BROWN	Adrian		
0	INVENTOR'S SIGNATURE	Signature	Date:	04 Feb 2004
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	HARLOW	ESSEX, GB	GB	
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	GlaxoSmithKline	King of Prussia	Pennsylvania 19406, US	
	709 Swedeland Road			
3-2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	DAVIES	Michael	Birsha	
0	INVENTOR'S SIGNATURE	Signature	Date:	14 Jan 2004
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	WARE	HERTFORDSHIRE, GB	GB	
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	GlaxoSmithKline	King of Prussia	Pennsylvania 19406, US	
	709 Swedeland Road			
4-20	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	MARGETSON	Daniel	N	
0	INVENTOR'S SIGNATURE	Signature	Date:	04 FEB 2004
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	HARLOW	ESSEX, GB	GB	
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	GlaxoSmithKline	King of Prussia	Pennsylvania 19406, US	
	709 Swedeland Road			

BEST AVAILABLE COPY

DECLARATION FOR "371" APPLICATION

Rec'd PCT/PTO 01 AUG 2005

10/5/9, 158

5.2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2		MATTHEWS	Wayne	M
0	INVENTOR'S SIGNATURE	Signature <i>Wayne Matthews</i>		Date: 8 Jan 2004
4	RESIDENCE & CITIZENSHIP	CITY HARLOW	STATE OR FOREIGN COUNTRY ESSEX, GB GBX	COUNTRY OF CITIZENSHIP GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline 709 Swedeland Road	CITY King of Prussia	STATE & ZIP CODE/COUNTRY Pennsylvania 19406, US USX
6.2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2		McALLISTER	Stephen	M
0	INVENTOR'S SIGNATURE	Signature <i>S. Mark McAllister</i>		Date: 08 Jan. 2004
4	RESIDENCE & CITIZENSHIP	CITY HARLOW	STATE OR FOREIGN COUNTRY ESSEX, GB GBX	COUNTRY OF CITIZENSHIP GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline 709 Swedeland Road	CITY King of Prussia	STATE & ZIP CODE/COUNTRY Pennsylvania 19406, US USX
7.2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2		RAND	Paul	Kenneth
0	INVENTOR'S SIGNATURE	Signature <i>Paul Kenneth Rand</i>		Date: 13th Jan 2004
3	RESIDENCE & CITIZENSHIP	CITY WARE	STATE OR FOREIGN COUNTRY HERTFORDSHIRE, GB GBX	COUNTRY OF CITIZENSHIP GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline 709 Swedeland Road	CITY King of Prussia	STATE & ZIP CODE/COUNTRY Pennsylvania 19406, US USX
8.2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND-GIVEN NAME/INITIAL
2		WILSON	Alan	Anthony
0	INVENTOR'S SIGNATURE	Signature <i>A. Wilson</i>		Date: 13 JAN 04
3	RESIDENCE & CITIZENSHIP	CITY WARE	STATE OR FOREIGN COUNTRY HERTFORDSHIRE, GB GBX	COUNTRY OF CITIZENSHIP GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline 709 Swedeland Road	CITY King of Prussia	STATE & ZIP CODE/COUNTRY Pennsylvania 19406, US USX

BEST AVAILABLE COPY